

PATENT – POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Patent Number</td> <td>6,761,910</td> </tr> <tr> <td>Issue Date</td> <td>July 13, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Anders Pettersson</td> </tr> <tr> <td>Title</td> <td>PHARMACEUTICAL COMPOSITION FOR THE TREATMENT OF ACUTE DISORDERS</td> </tr> <tr> <td>Attorney Docket No.</td> <td>034065.0006-US00</td> </tr> </table>	Patent Number	6,761,910	Issue Date	July 13, 2004	First Named Inventor	Anders Pettersson	Title	PHARMACEUTICAL COMPOSITION FOR THE TREATMENT OF ACUTE DISORDERS	Attorney Docket No.	034065.0006-US00
Patent Number	6,761,910										
Issue Date	July 13, 2004										
First Named Inventor	Anders Pettersson										
Title	PHARMACEUTICAL COMPOSITION FOR THE TREATMENT OF ACUTE DISORDERS										
Attorney Docket No.	034065.0006-US00										

I hereby revoke all previous powers of attorney given in the above-identified patent.

☐ A Power of Attorney is submitted herewith.
OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

26853

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified patent to:

☒ The address associated with the above-mentioned Customer Number.
OR

☒ The address associated with Customer Number:

26853

OR

☐ Firm or Individual Name

Address

City	State	Zip	
Country	Telephone	Email	

I am the:

☐ Inventor, having ownership of the patent.
OR

☒ Patent owner.
Statement under 37 CFR 3.12(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Inventor or Patent Owner

Signature	Date
Name	Telephone
Title and Company	

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.